



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF  
CORRESPONDENCE ADDRESS  
Application**

Address to:  
Director of the United States Patent and Trademark  
Office  
P.O. Box 1450  
Alexandria, VA 22313-1450

|                        |                  |
|------------------------|------------------|
| Application Number     | 09/810,353       |
| Filing Date            | March 16, 2001   |
| First Named Inventor   | David K. Sturley |
| Group Art Unit         | 9204             |
| Examiner Name          | Garrett, Dawn L. |
| Attorney Docket Number | Sturley-1        |

Please change the Correspondence Address for the above-identified application to:



Customer Number

Type Customer Number here

Place Customer  
Number Bar Code  
Label here  
**RECEIVED**

JUN 06 2003

OR

**Firm or  
Individual Name**

Michael D. Wiggins

TC 1700

**Address**

950 Harmon

**Address****City**

Birmingham

**State****MI****ZIP**

48009

**Country**

United States

**Telephone**

248-594-1982

**Fax**

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :



Applicant/Inventor.



Assignee of record of the entire interest.  
Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).



Attorney or agent of record.



Registered practitioner named in the application transmittal letter in an application without an  
executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or

Printed Name

Michael D. Wiggins

Signature

Date

June 2, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of \_\_\_\_\_ forms are submitted.